

C-8044
2000

You may use this form instead of the standard *Single Business Tax Annual Return* (form C-8000), if **all** of the conditions at right apply.

- Your gross receipts are less than \$9,000,000.
- Your adjusted business income (after loss adjustment) is less than \$475,000 (\$95,000 for individuals).
- No shareholder or officer has compensation or allocated income (after loss adjustment) of more than \$95,000. Attach your C-8000KC.
- No partner has distributive income (after loss adjustment) of more than \$95,000. Attach C-8000KP.
- You are not a member of a controlled group or entity under common control.
- You are not filing a consolidated return.
- You are not apportioning your gross receipts.

▶ 1 This return is for calendar year 2000 or for the following tax year <div> <div>Beginning Date</div> <div> <div>month</div> <div>year</div> <div>2000</div> </div> <div>Ending Date</div> <div> <div>month</div> <div>year</div> </div> </div>		▶ 5 Federal Employer ID No. (FEIN) or TR No. <div></div>	
2. Name (Type or Print)		6a Check this box if address is new <input type="checkbox"/> b Check this box if discontinued <input type="checkbox"/> Effective date of discontinuance _____	
d/b/a			
Street Address		▶ 7 Organization Type (check one)	
City, State, ZIP		a. <input type="checkbox"/> Individual c. <input type="checkbox"/> Professional Corp. e. <input type="checkbox"/> Other Corp. g. <input type="checkbox"/> Limited Liability Company-Corporation	
3. Business start date	4. Principal Business Activity	b. <input type="checkbox"/> Fiduciary d. <input type="checkbox"/> S-Corp. f. <input type="checkbox"/> Partnership/LLC-Partnership	

►

8	Gross receipts	8	_____	.00
9	Recapture of capital acquisition deduction (from C-8000D, line 19)	9	_____	.00
10	Business income.....	10	_____	.00
11	Carryover or carryback of net operating loss or capital loss (cannot be a negative number)	11	_____	.00
12	Compensation and director fees of active shareholders or officers (from C-8000KC, lines 6 & 7)	12	_____	.00
13	Adjusted Business Income. Add lines 10 - 12. If negative, enter zero on line 14	13	_____	.00
14	Tax Before All Other Credits. Multiply line 13 by 2.00% (.02)	14	_____	.00
15	Unincorporated/S-Corp. Credit. Multiply line 14 by percent from table in the instructions	15	_____	.00
16	Tax After Nonrefundable Credits. Subtract line 15 from line 14	16	_____	.00
17	Overpayment credited from 1999	17	_____	.00
18	Estimated tax payments	18	_____	.00
19	Tax paid with request for extension	19	_____	.00
20	Refundable credits from C-8000MC, line 10	20	_____	.00
21	Total. Add lines 17 - 20	21	_____	.00
22	Tax Due. Subtract line 21 from line 16. If less than zero, leave blank	22	_____	.00
23	Underpaid estimate penalty and interest from form C-8020, line 28 or 38 whichever applies	23	_____	.00
24	Annual return penalty at _____% = _____ and interest = _____	24	_____	.00
25	Payment Due. Add lines 22 - 24	PAY 25	_____	.00
26	OVERPAYMENT. Subtract line 16 from line 21	26	_____	.00
27	How much of the amount on line 26 do you want refunded to you?	REFUND 27	_____	.00
28	How much of the amount on line 26 do you want credited forward?	28	_____	.00

TAXPAYER'S DECLARATION <i>I declare, under penalty of perjury, that this return is true and correct to the best of my knowledge.</i>		PREPARER'S DECLARATION <i>I declare, under penalty of perjury, that this return is based on all information of which I have any knowledge.</i>	
<input type="checkbox"/> I authorize Treasury to discuss my return with my preparer. <input type="checkbox"/> Do not discuss my return with my preparer.		Preparer's Signature	
Taxpayer's Signature		Print or Type Preparer's Name	Date
Print or Type Taxpayer's Name	Date	Business Address, Phone and Identification Number	
Title			

Payment: Payable to "State of Michigan." Write your FEIN on the check.

Michigan Dept. of Treasury
P.O. Box 30059
Lansing, MI 48909

www.treasury.state.mi.us

